MAXIMUS Federal Services

Case Number:	CM13-0044815		
Date Assigned:	12/27/2013	Date of Injury:	07/03/2012
Decision Date:	07/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male who sustained an injury on 07/03/12 when he was involved in a motor vehicle accident. The injured worker sustained an injury to the low back and was followed for ongoing complaints of low back pain. Prior treatment has included an extensive amount of chiropractic therapy sessions as well as physical therapy. The injured worker did attend a functional restoration program from August to November of 2013 for a total of 30 days. The functional restoration summary report ending on 10/03/13 recommended 4 additional sessions of pain psychology. The report indicated the injured worker had significant changes of physical and functional aspects. The requested pain psychology, four sessions, Naprosyn 550mg every 12 hours, and Baclofen 10mg every 8 hours were all denied by utilization review on 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PAIN PSYCHOLOGY, 4 SESSIONS (ONCE PER WEEK FOR FOUR WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: In regards to request for pain psychology 4 sessions, this request is not medically necessary. The injured worker completed an extensive functional restoration program through October of 2013. In review of the summary treatment notes, there were no specific goals set for further pain psychology visits. Per guidelines, there should be clear documentation in support for a post functional restoration program treatment program. Given the lack of any specifics regarding the benefits expected with further psychology evaluations, the requested post functional restoration program request would not be supported as medically necessary.

NAPROSYN 550 MG EVERY 12 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The Naprosyn is not medically necessary. It is unclear why the prescription medications were continued beyond the 30 day functional restoration program, whose purpose is to help reduce and/or eliminate all medications. There is no indication from the physical exam findings that anti-inflammatories would be indicated. Per guidelines, anti-inflammatories such as Naprosyn are not recommended for extended use. There is limited evidence in the clinical literature establishing that prescription anti-inflammatories are beneficial in the treatment of long-term musculoskeletal complaints as compared to over-the-counter medications. Therefore, this request is not medically necessary.

BACLOFEN 10 MG EVERY 8 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to Baclofen 10mg every 8 hours, this request is not medically necessary. It is unclear why Baclofen was being continued beyond the 30 day functional restoration program. The overall intent of a functional restoration program is to allow the patient to wean and discontinue prescription medications for pain. Per guidelines, long-term use of muscle relaxants is not recommended as there is insufficient evidence regarding muscle relaxants or anti-spasmodic medications' efficacy in the treatment of long-term chronic muscloskeletal complaints. There are no other clear indications for the use of Baclofen such as neurological spasticity. Therefore, this request is not indicated.